

DISINFECTION INFORMATION FOR UNFILTERED SYSTEMS - MONTHLY REPORT TO DEP

Month _____ Town _____ PWS NAME _____
 Year _____ System/Treatment Plant _____
 PWSID _____

Date	MIN. DISINFECTANT RESIDUAL ¹ AT POINT-OF-ENTRY TO DIS- TRIBUTION SYSTEM (mg/L)	(CT _{calc} /CT _{99.9}) (FROM FORM B) DISINFECTANT SEQUENCE						SUM(CT _{calc} /CT _{99.9}) ²	SUM(CT _{calc} /CT _{99.9} < 1 ³ (YES OR NO)
		1st 6th	2nd	3rd	4th	5th			
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2									
3									
4									
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31									
								PREPARED BY _____	
								TITLE _____	
								DATE _____	
NOTES: 1. IF LESS THAN 0.2 MG/L, THE LOWEST LEVEL AND DURATION OF THE PERIOD MUST BE REPORTED, E.G., "0.1-3 HOURS." 2. TO DETERMINE SUM (CT _{calc} /CT _{99.9}), ADD (CT _{calc} /CT _{99.9}) VALUES FROM THE FIRST DISINFECTANT SEQUENCE TO THE LAST. 3. IF SUM (CT _{calc} /CT _{99.9}) < 1, A TREATMENT TECHNIQUE VIOLATION HAS OCCURRED, AND A "YES" RESPONSE MUST BE ENTERED.									

RETURN TO DEP/DWP REGIONAL OFFICE WITHIN 10 DAYS AFTER THE REPORTING MONTH